

STATE OF DELAWARE  
SINGLE POINT OF CONTACT – SPOC  
INTERGOVERNMENTAL REVIEW OF FEDERAL PROGRAMS  
Office of Management and Budget  
Haslet Building, 3<sup>rd</sup> Floor, Dover, Delaware 19901  
(302) 739-4206

Copy to  
But Scoglietti 8/18/10

03-10-10A11:59 RCVD

1. STATE APPLICATION IDENTIFIER:

SAI000000038, SO-07-23-02

SPOC use ONLY

Month

09

Reviewer

JC

CC's

NR

2. Applicant Project Title: Title IV-E – Foster Care – Voluntary and Non-Voluntary ARRA Increased Rate

3. Applicant Department: Department of Services for Children, Youth and their Families

4. Applicant Division/APU: Division of Family Services 37-06-40

5. Applicant Address: 1825 Faulkland Rd Wilmington, DE 19805

6. Contact Person: Chris Kraft/Kate Carlson

7. Contact Person's Phone Number: Chris Kraft/ Kate- 633-2604

8. Signature of Secretary or Agency Head (for state agencies) or Chief Administrator (for all other applicants)

9. Federal Grantor Department: Health and Human Services

10. Federal Sub-Agency: Administration on Children, Youth and Families

11. Federal Contact Person: Tom Strawderman

12. Phone Number: (215) 861-4068

13. Address: 150 S. Independence Mall West, Suite 864, Philadelphia, PA 19106-3499

14. Federal Program Title:

Title IV-E Foster Care

15. FEDERAL CATALOG NO:  
(CFDA)

93

658

N

16. Project Description:

This grant provides enhanced federal assistance for foster care maintenance payments to eligible children in foster care.

17. Will funds be utilized for any technology initiatives? ☐ Yes ☒ No If so, Business Case Number and brief project summary:

18. Measurable Objectives:

a. What were last year's objectives?

1. Continue to make foster care maintenance payments to all eligible children and youth.

b. Were these objectives met? (If not, please explain why)

Yes. All eligible children were funded. Cost recovery efforts continued.

c. What are this year's objectives?

- Continue to make foster care maintenance payments to all eligible children and youth.
- Continue to provide assistance payments to all eligible families.

(If more space is needed, please attach a separate sheet of paper)

8/10/10

19. Grant Period: From: 10/1/10 To: 12/31/10	20. How many years has this project been funded: 2	21. If the project was funded last year, how much federal money was awarded? 164,000
--	---	---

22. Source of funding for this application:	Dollars
a. Federal grant	41,000
b. Other federal funds (Specify source of funding)	0
c. Required state contribution (Specify source of funding)	0
d. Discretionary state contribution (Specify source of funding)	0
e. Required local contribution (Specify source of funding)	0
f. Other non- federal funds (Specify source of funding)	0
<b>TOTAL</b>	<b>\$41,000</b>

23. Budget by cost category and source:	Federal Funds	State Funds	Other Funds	Total Funds
Salaries & Fringe Benefits				
Personal or Contractual Services	41,000			41,000
Travel				
Supplies & Materials				
Capital Expenditures				
Audit Fees				
Indirect Costs- SPO and SWICAP				
Other				
<b>TOTAL</b>	<b>41,000</b>			<b>41,000</b>

24. How many positions are required for the project? (Exclude casual/seasonal employees)			
Breakdown of position(s)	Authorized in State Budget	New Positions Required	Total
Paid for out of federal funds			
Paid for out of General Funds			
Paid for out of state special funds			
Paid for out of bond/local/other funds			
<b>TOTAL</b>			